

COMMUNITY HEALTH ATLAS

FOR

SOUTH REGION

March 2004

**Produced by the County of San Diego Health and Human
Services Agency as part of the Partnership for the Public's
Health Initiative, funded by The California Endowment and the
Public Health Institute**



**South Bay
Partnership**



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March 2004

Dear Reader:

We are pleased to introduce to you the South Region Atlas, a compilation of local demographic and health data collected by a variety of agencies. The Atlas was created through the collaborative efforts of the Partnership for the Public's Health member organizations, including the County of San Diego Health and Human Services Agency, Paradise Valley Hospital, and community-based organizations.

It is our hope that the Atlas will be used as a tool to improve data-driven public health planning in the South Region. We expect the Atlas to evolve over time as additional sources of local data are identified and the document is transformed to adapt to changing community needs. We encourage you to share your Atlas with your community partners and to add to it additional local-level data you encounter. In the "technical notes" section of this resource, you will find more detailed information to help you understand and interpret the data, including definitions of common terms and contacts for original sources of data.

We are proud of South Region's strong spirit of collaboration. We know that by working together, we will succeed in our common goal to build healthy, thriving communities. We thank you for your participation in this partnership.

Sincerely,

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March 30, 2004

Dear reader:

The atlas you are now holding is a tangible representation of a movement toward greater coordination and broader participation in public health planning and promotion in San Diego County. Its contents reflect the priorities of community residents as well as public health experts. The atlas was produced through the combined efforts of the Health and Human Services Agency and community partners involved in the Partnership for the Public's Health initiative. As a participant and stakeholder in that process, I am pleased to see this resource made available to current and prospective partners in community health improvement.

Most importantly, this atlas is a valuable resource that you can use to understand, and possibly impact, public health and quality-of-life issues in the South Region. The information it contains might help to establish a need for services or to generate support for a new policy. The design goal for the document was to present the best data available in a user-friendly format. You will also find leads to more detailed information on the topics covered in the atlas. Please use your copy of the atlas and share it with others. Hopefully, the receipt of this resource will inspire you to engage with, study, and share data on the people and environment of the South Region. In fact, you are encouraged to enhance the value of your own copy of the atlas by adding to the binder community-level data to which you have access.

In the South Region, we put a high value on both collaboration and inclusiveness. On behalf of the diverse membership of the South Bay Partnership, I welcome you to join with us in working toward a healthier future.

With best wishes,

A handwritten signature in black ink, appearing to read "Dana Richardson", with a long, sweeping horizontal line extending to the right.

Dana Richardson, Director
South Bay Partnership

FUNDED BY:

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- The health status information for the atlas was provided by the Division of Community Epidemiology. Special thanks are due to Kim Poggemeyer and Michael Bursaw for their involvement in this project.
- The maps in this atlas were created by George Jones and Chuck Chanin, GIS Analysts.
- Adrienne Yancey, Jayne Reinhardt, Bruce Even and Mona Thabit of Chronic Disease & Injury Prevention and Health Promotion and Paul Olsen of Medical Health Quality Assurance also contributed to the project's editing and/or graphic design.

The Community Health Atlas project was initially conceived and compiled by Thomas Herman, PhD. while serving as a consultant to the Partnership for the Public's Health Initiative in San Diego County.

INTRODUCTION

This atlas is intended to serve as a tool for community-focused and participatory public health planning. It is one result of the Partnership for the Public's Health (PPH) Initiative, comprised of three community groups (Linda Vista Collaborative, Mid-City Community Advocacy Network, and South Bay Partnership) and the County of San Diego Health and Human Services Agency (HHSA). These groups and the County HHSA have partnered to increase resident participation in public health planning and engineer appropriate strategies to address public health issues at the community level. The Partnership for the Public's Health is a statewide project of the California Endowment and the Public Health Institute through which the three local partnerships and the County's HHSA were funded for the period of October 2000 through September 2004.

There are actually three separate atlases – each focusing on the communities served by a particular partnership. In addition to this *Community Health Atlas for the South Bay Region*, there is also a *Community Health Atlas for Linda Vista* and a *Community Health Atlas for Mid-City San Diego*. Each atlas contains a large amount of information about the population characteristics (Section B) and health status (Section C) of local residents. But the atlas itself is intended to be a living document that, over time, will come to reflect the interests of users. For that reason, an Appendix has been created. As atlas users obtain information that they find useful for community assessment and planning, they are encouraged to compile it in the atlas. That information may come from community sources or the literature in a particular field, and users can also use contacts provided in the atlas to request public health data held by the County.

A BRIEF PRIMER IN MAP READING

Many readers of this atlas may have limited experience reading maps beyond using them for basic navigation. A basic map communicates location, but most of the maps in this atlas also relate information about a specific theme, such as population density, household income, or births to teen mothers. Mapping is used to communicate the information because visual representations of data are typically easier to understand than tables and narrative description. However, map readers are cautioned that some basic guidelines must be followed in order to make sure that mapped data are appropriately understood and effectively interpreted.

- **Know what is being mapped.** Before looking at the geographic patterns on the map, take time to read the title, legend, and any accompanying text. This should provide you with a precise description of the data being mapped – including information such as the source, year, basis for aggregation, and specific definition of the variable.

- **Understand the role of scale in generalizing the data.** Maps usually associate a value with an area (an average rate, for example), but that value will not be the same at all locations within that area. It is only relevant to the mapping unit being used. For example, a national map of median household income shows the average value for the state of California to be \$45,000. Of course, median household income will vary from place to place, so that value will not help you to describe or compare household incomes in San Diego and Imperial Counties. To do that you would need to map median household income *by county*. But remember that the median household income value for San Diego County will mask differences between La Jolla and Logan Heights. So all scales involve some degree of generalization, and the map reader needs to remain aware of the limitations of that representation.
- **Don't mistake correlation with causation.** The reader is encouraged to use maps as a tool for initial investigation and to become familiar with general patterns of various types of data. It is dangerous, however, to draw too many conclusions from what you see. Looking at two thematic maps together *can* help you to understand how two phenomena relate to each other within the area mapped. The mere correlation of two phenomena, however, *cannot* be used to establish a causal relationship. Such relationships must be established through carefully designed experiments and statistical analyses.

DISCLAIMER

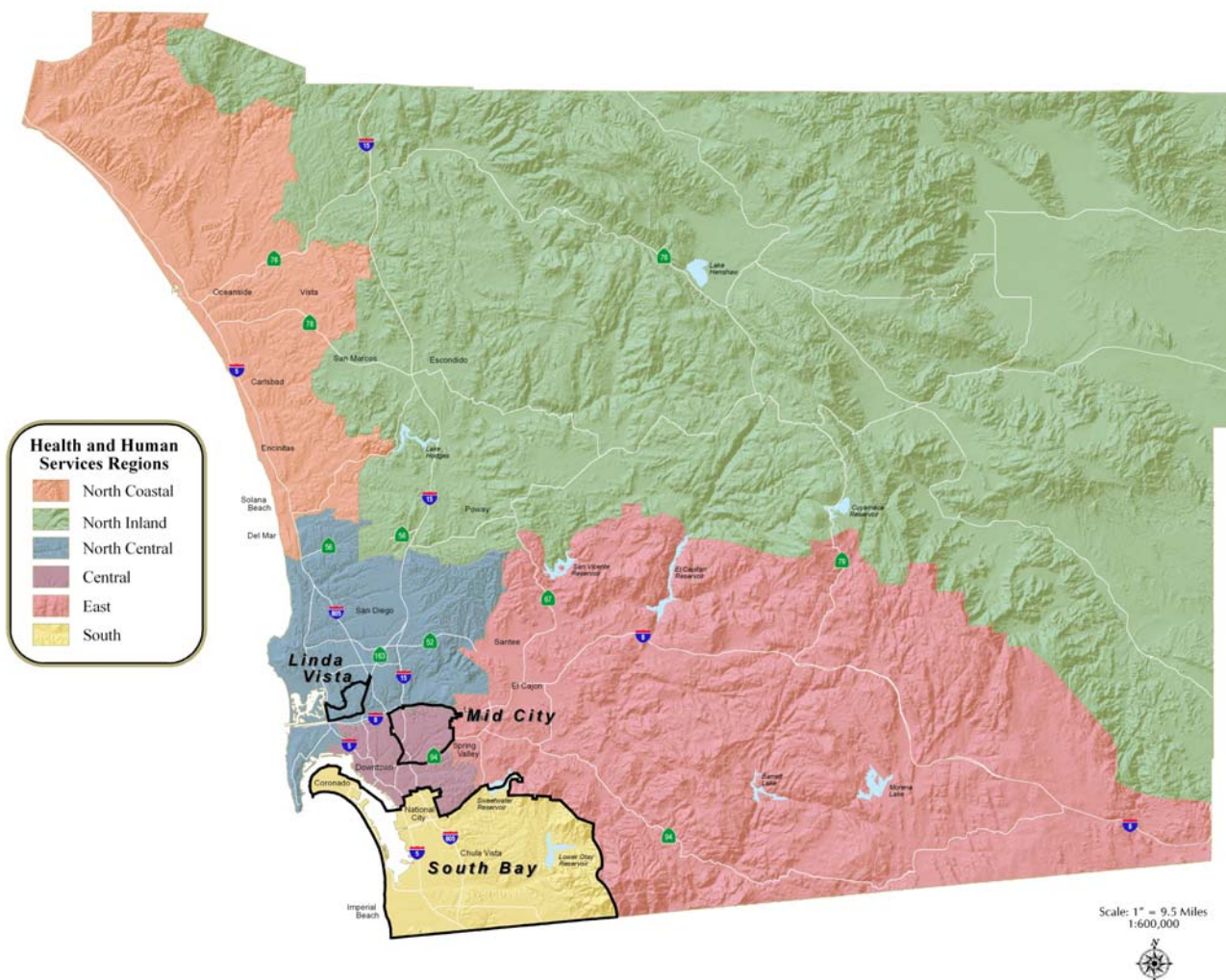
Every effort has been made to include complete and accurate data as provided by various data sources as of the date of publication. However, while the intent is for this atlas to serve as a useful tool for planning, neither the County of San Diego nor its community partners can assume any responsibility for the accuracy of the data included in this document or for the interpretations that may be made by users of this document.

SECTION A

ORIENTATION

County Overview

The map below shows the service areas of the Linda Vista, Mid-City, and South Bay Partnership for the Public's Health Initiatives. The areas served by the three partnerships are outlined in black, while the six regions established by the County Health and Human Services Agency are shown in different colors. The remainder of the maps in this section of the atlas will focus specifically on the area of the South Bay, or South Region.



Base Map

The map on page 7 (Map 1A) shows the entire South Region as defined by the County of San Diego. This area is bound by the City of San Diego on the north, the Pacific Ocean on the west, and the international border with Mexico on the south. Foothills to the east form a natural boundary. The South Region contains the following incorporated cities: Coronado, National City, Chula Vista, and Imperial Beach. The South Region also contains a portion of the City of San Diego (San Ysidro) and unincorporated areas of the County.

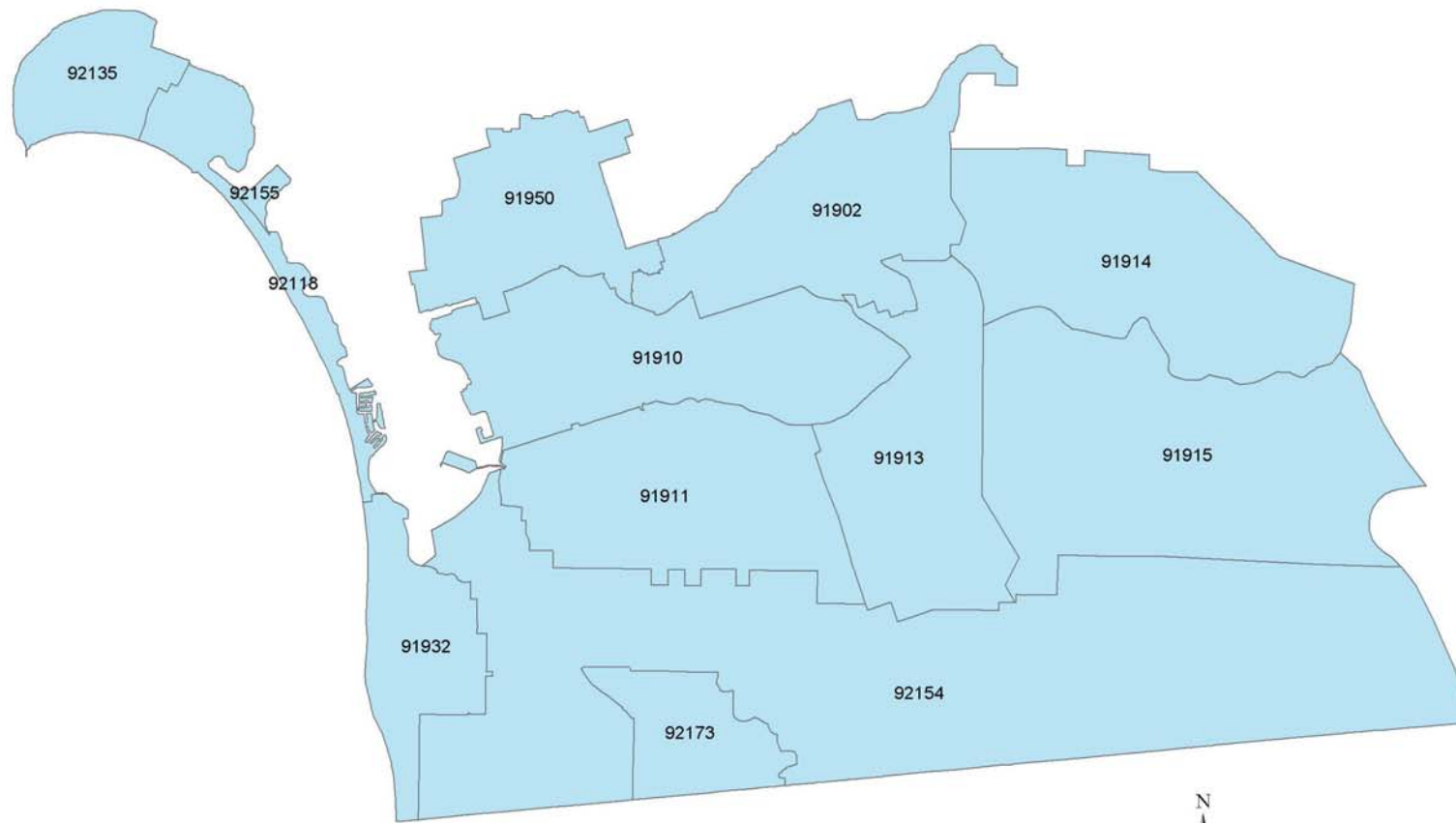
Because the South Region is relatively large, additional maps are provided on pages 8 and 9. These maps display the boundaries and numbers of the 13 different zip codes and 93 census tracts in the South Region. Zip code and census tract areas are used as the basic mapping unit in the maps throughout this section of the atlas. The information on Maps 1B and 1C can be very useful as a reference when viewing other maps in the atlas or to guide atlas users in accessing further information from the US Census Bureau. Census data at the tract level (and a range of other geographic scales) can be obtained on-line at www.census.gov.

Map 1A: Base Map of Area Included in Atlas South Region



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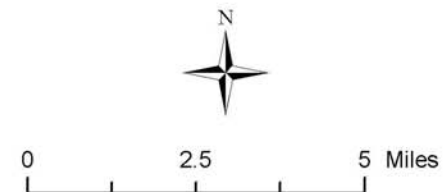
Map 1B: Index Map, South Region Zip Code Areas



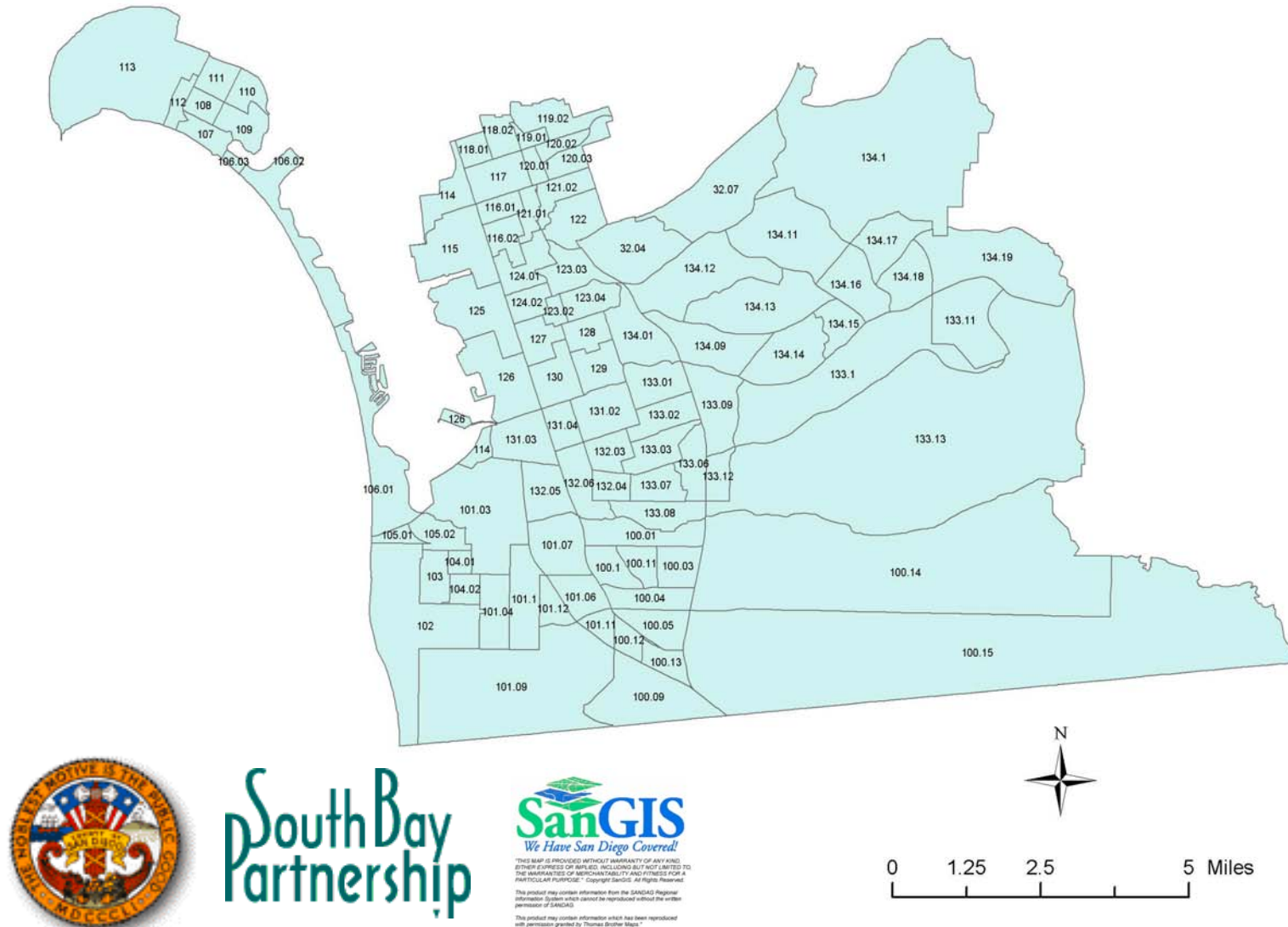
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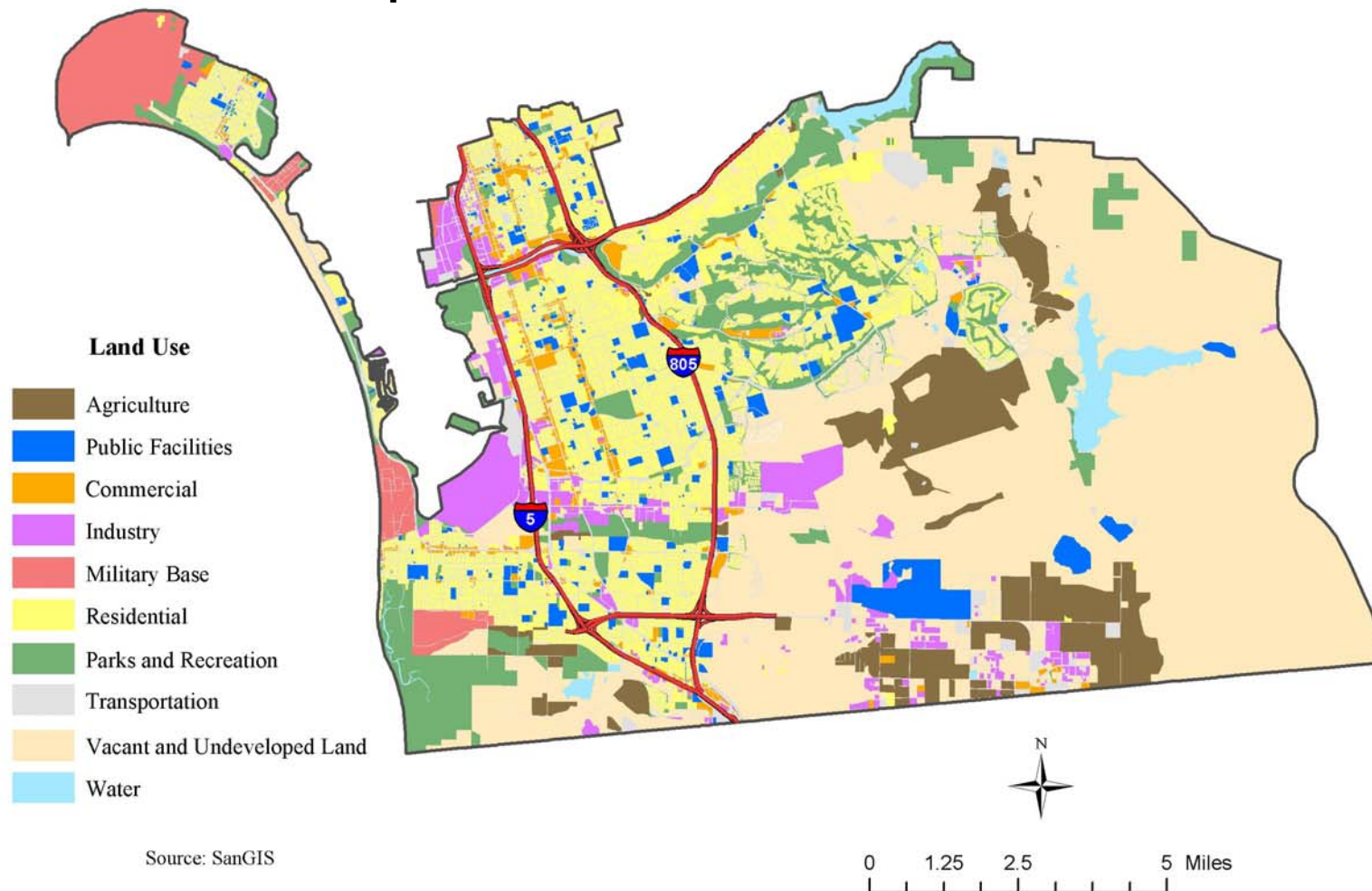
Map 1C: Index Map, South Region Census Tract Areas



General Land Use Classification

The map on page 11 (Map 2) classifies all of the land in the South Region by its primary land use. Residential uses predominate in the western half of the region, with industrial uses clustered along the National City and Chula Vista bay fronts. Commercial uses are spread throughout the areas of residential use, and some more concentrated commercial districts are also visible along arterial roads. The eastern half of the region includes large expanses of vacant and undeveloped land as well as areas of agricultural land use. Land classified as public facilities includes schools, military installations, and Brown Field. While park land is plentiful in eastern Chula Vista and the coastal areas, there is a notable lack of parks in the more densely populated areas of western Chula Vista, National City, and San Ysidro.

Map 2: General Land Use Classifications



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SECTION B

COMMUNITY DESCRIPTION

This section of the atlas includes maps depicting demographic, economic, and social information relevant to the South Region communities. All of the data presented in this section is from the 2000 United States Census, but the maps have been produced by Geographic Information Systems (GIS) analysts working for the County of San Diego’s HHSA. Only a small selection of the hundreds of variables included in census questionnaires have been included in the atlas, but readers are encouraged to become familiar with the many types of information available through the US Census at its web site, www.census.gov.

The issue of scale is important to understand in reading these maps. The maps in this section are based on census tracts, which are geographic areas established by the Census Bureau. Census data is collected at the household level and then reported at a range of geographic scales. The smallest geographic unit is a “block,” and then data is aggregated into larger and larger units (first into “block groups,” then “census tracts”) until you get to the level of a county, state, or the nation. Data for the full range of geographic scales, as well as other commonly referenced areas, such as zip code tabulation areas or urban areas is available at the U.S. Census web site. Smaller units of aggregation can be helpful for examining variations within a small area, but can make it difficult to understand patterns throughout a larger region. Larger geographic units reduce the significance of local variation but make comparisons across large areas more meaningful.

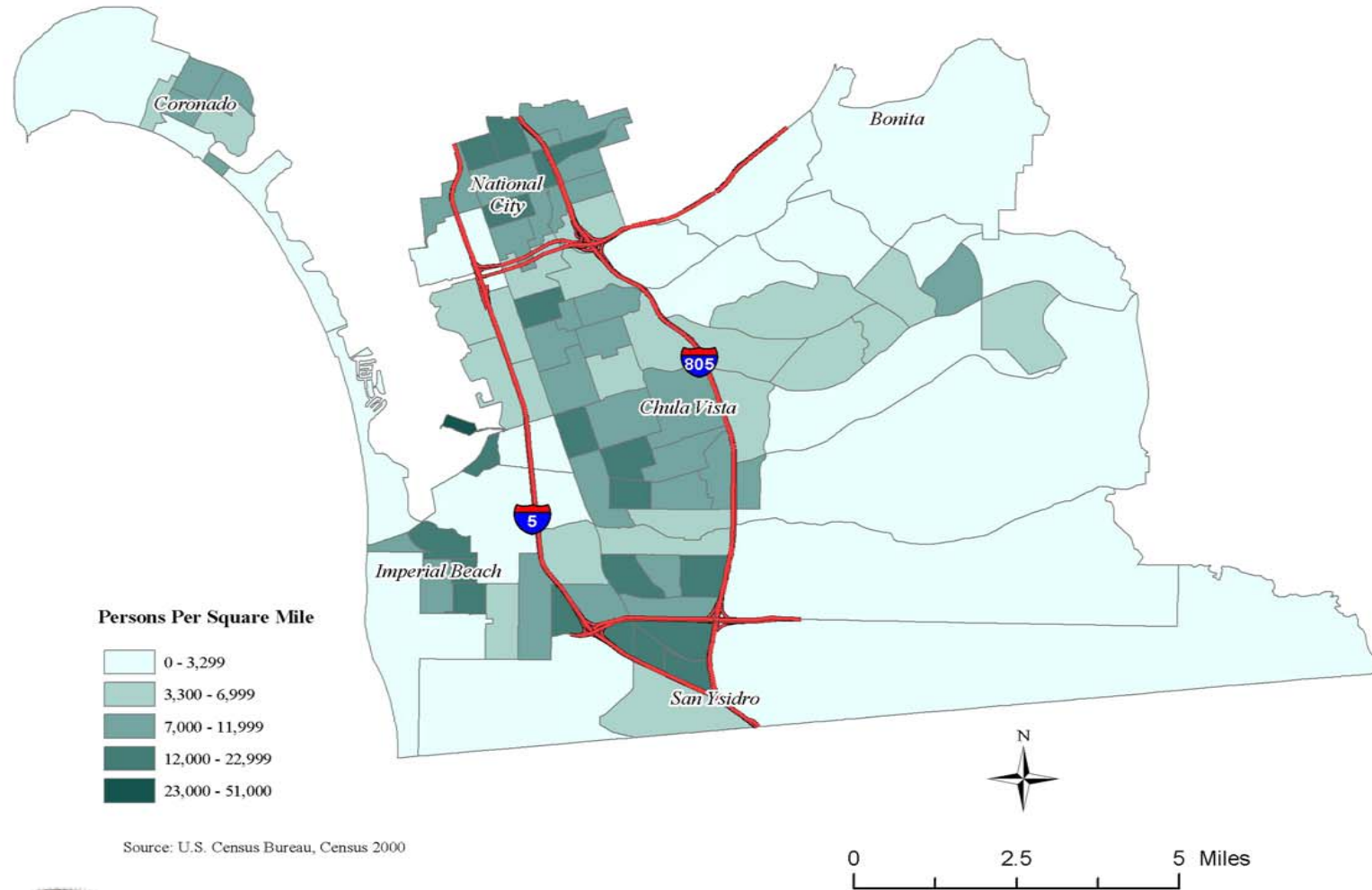
Population Density

Population density is measured in persons per square mile. The population of each census tract is determined from the decennial (every ten years) census, and then this population is divided by the area of the census tract. Therefore, population density values generalize the situation within each census tract, which may actually contain very high and very low density blocks.

The South Region is very large and diverse, and population densities vary significantly within the area. The most densely populated areas are in National City, San Ysidro, and Imperial Beach, with some census tracts containing over 20,000 persons per square mile. Census tracts to the east, as well as several encircling the San Diego Bay, tend to be the least densely populated. In some tracts, commercial or institutional land uses may contribute to sparse population. Other census tracts, especially those to the east, are more rural in nature, though these areas are also experiencing population growth due to the availability of vacant land. The population density for the entire City of San Diego is approximately 3,500 persons per square mile.

Relationships can be seen between the pattern of population density depicted in Map 3 and the patterns of land use (Map 2) and household income (Map 7).

Map 3: Population Density



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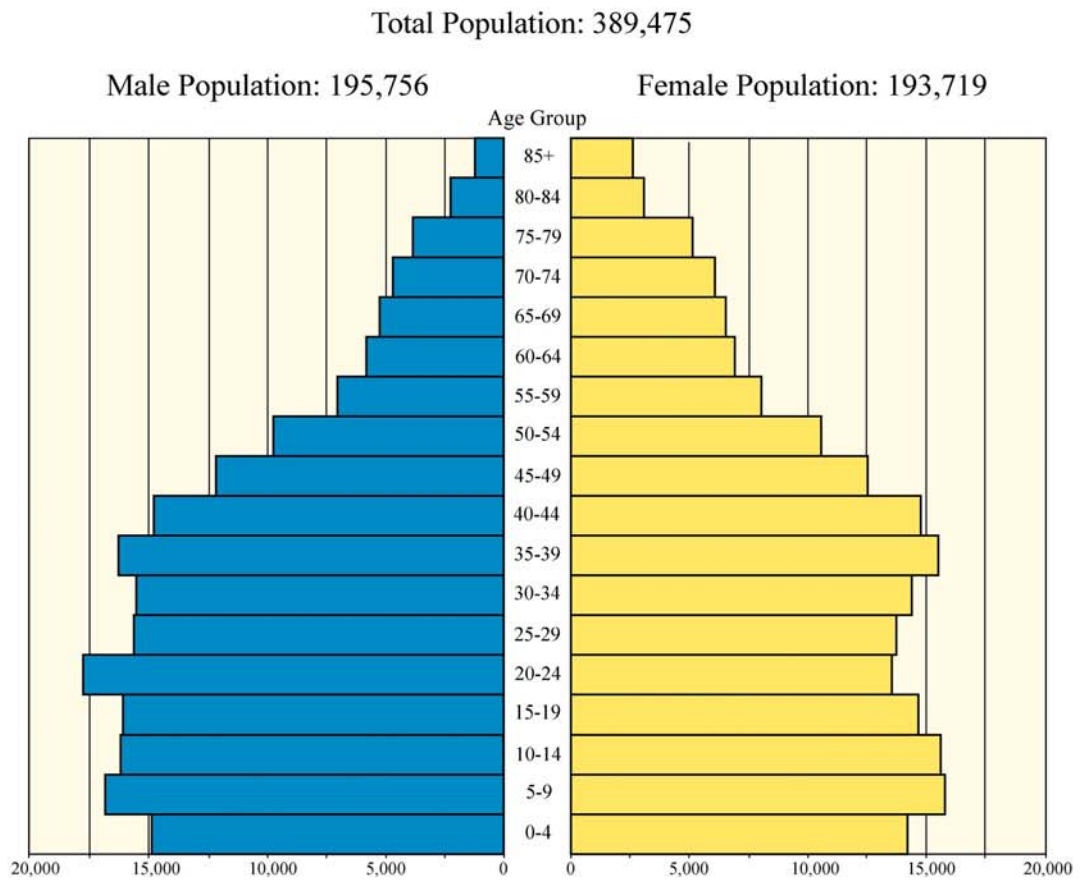


Population Structure

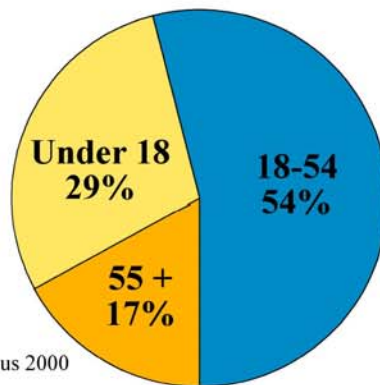
The age and gender of residents are the variables typically used to describe the structure of the population. The figure on page 17 is a population pyramid, and it breaks down the population of the South Region into gender-specific age categories. The population pyramid helps us to see that the population of this area is relatively young, with 20-24 year olds making up the single largest age group.

The gender-ratio, or number of males as compared to females changes according to age. There are more males than females in every age category below forty years of age. In the age group of 20-24 years old, there are three men for every two women. From 40 years of age and up, there are more women than men in each age category. It is notable that the population of the South Region is 50.7% male and 49.3% female. While women make slightly less than half (49.7%) of the residents in San Diego County, women are the majority of the population in the state of California (50.2%) and the entire United States (50.9%).

Chart 1: Population Pyramid



Age Distribution



Source: U.S. Census Bureau, Census 2000



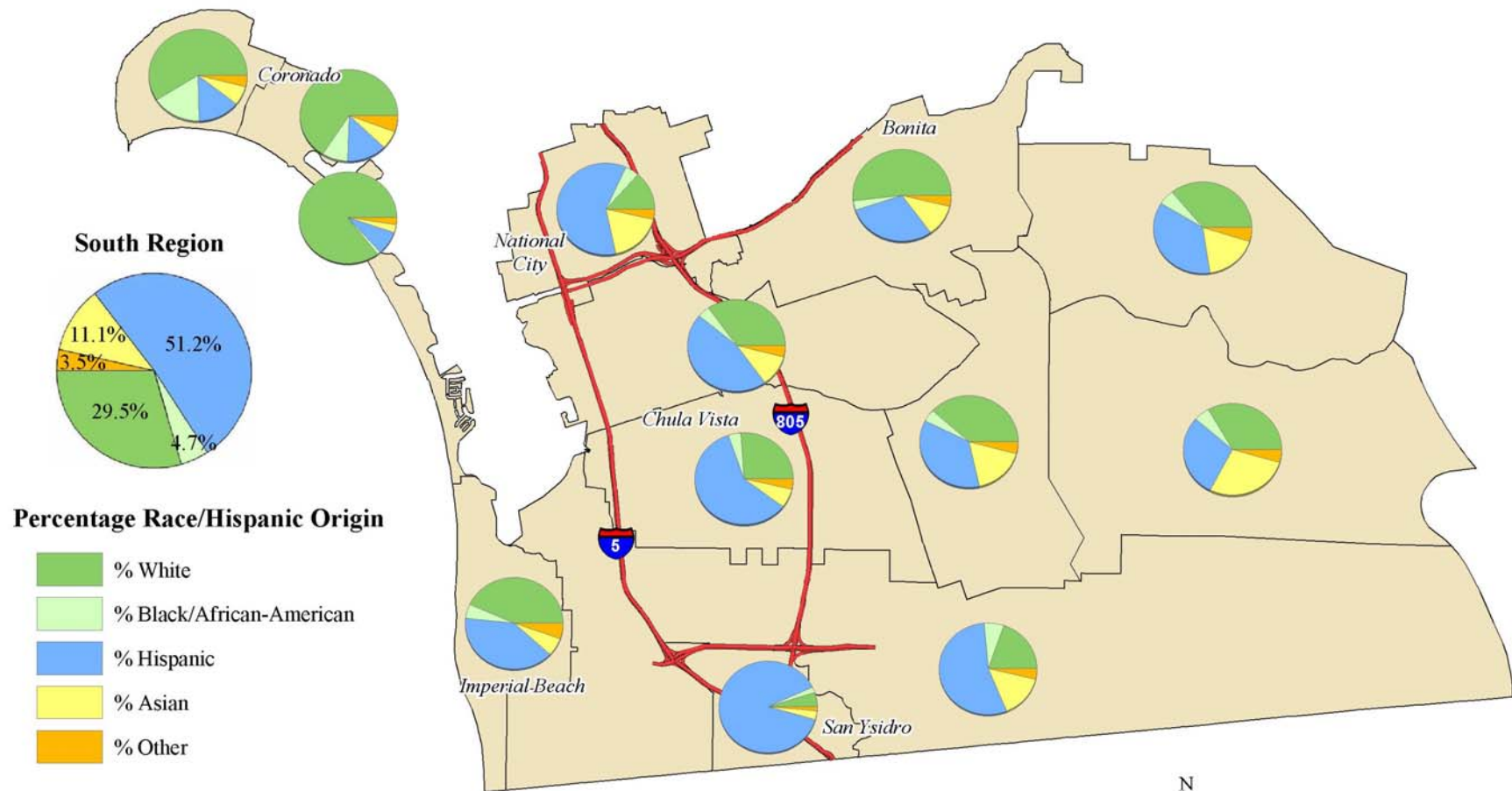
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Ethnicity

The concept of race, as used by the U.S. Census Bureau, reflects self-identification by people according to the race or races with which they most closely identify. The categories are socio-political constructs and should not be interpreted as being scientific or anthropological in nature. Furthermore, the race categories include both racial and national-origin groups. The racial classifications used by the Census Bureau adhere to guidelines issued by the Office of Management and Budget (OMB). The standards govern the categories used to collect and present federal data on race and ethnicity. The OMB requires five minimum categories (White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander) for race. A sixth category of “some other race” to allow individuals the option of selecting one or more races, was added to Census questionnaires with OMB approval. A separate question for individuals who describe themselves as Hispanic or Latino also appeared. Individuals who identify their origin as Spanish, Hispanic, or Latino may be of any race.

In the South Region, the ethnic make-up of the population varies significantly, but diversity is always present. Map 4 makes it possible to see where concentrations of major ethnic groups exist. Zip code areas are used instead of census tracts because of the complexity of the data being presented.

Map 4: Ethnicity Percentages, by Zip Code



Source: SANDAG, Census 2000



South Bay Partnership

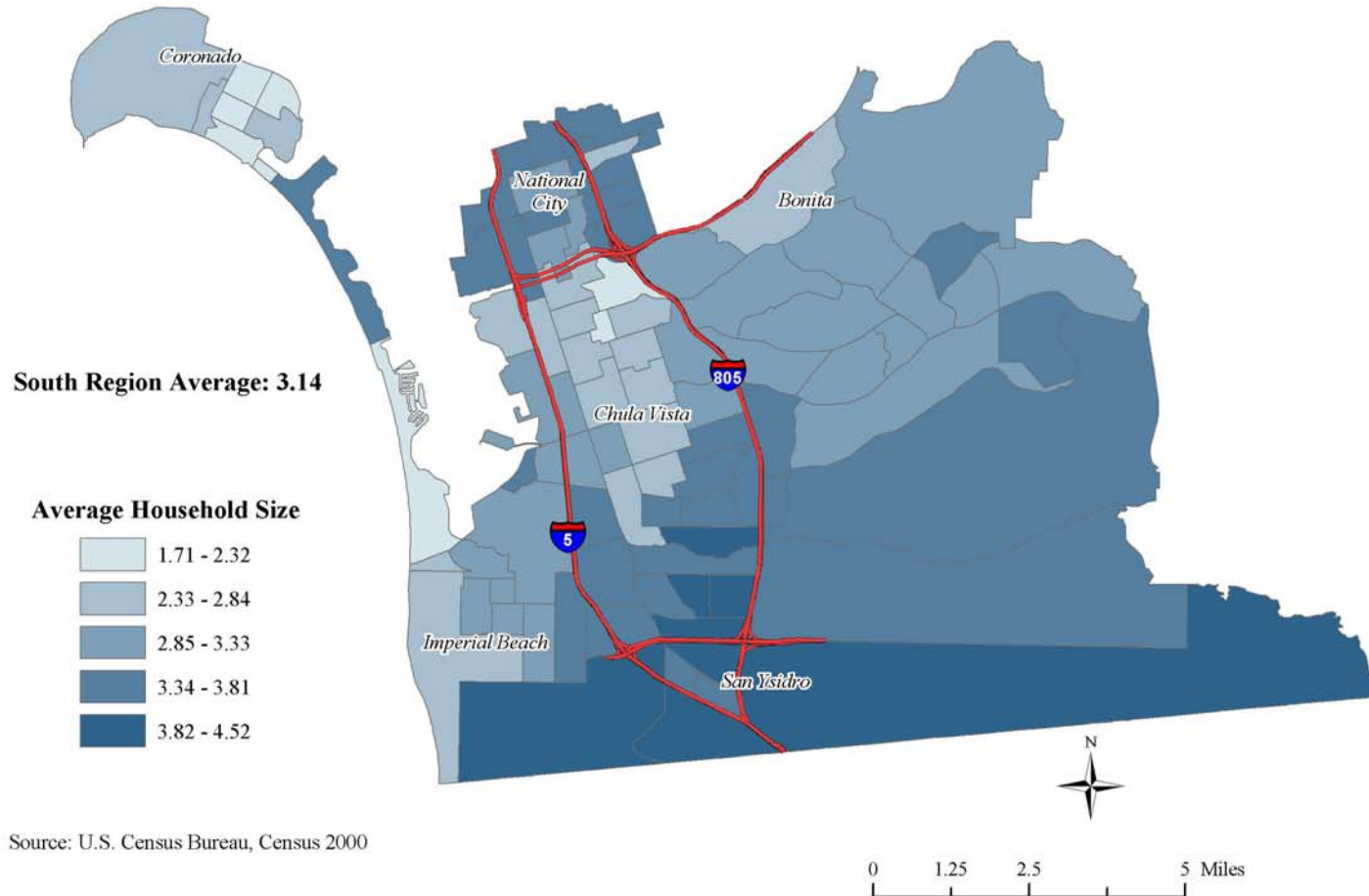


Household Size

A household includes all of the people who occupy a housing unit. A housing unit may be a home, an apartment, a mobile home, a group of rooms, or a single room occupied as separate living quarters. Average household size for a census tract or other geographic area is calculated by dividing the number of people in households by the total number of households.

On Map 5, differences in average household size can be seen. The average household size for census tracts in the South Region ranges from an absolute minimum of 1 to a maximum of approximately 4.5 persons. The largest household sizes are concentrated in areas close to the international border with Mexico. Coronado is the location of four of the five census tracts in the lowest category.

Map 5: Average Household Size



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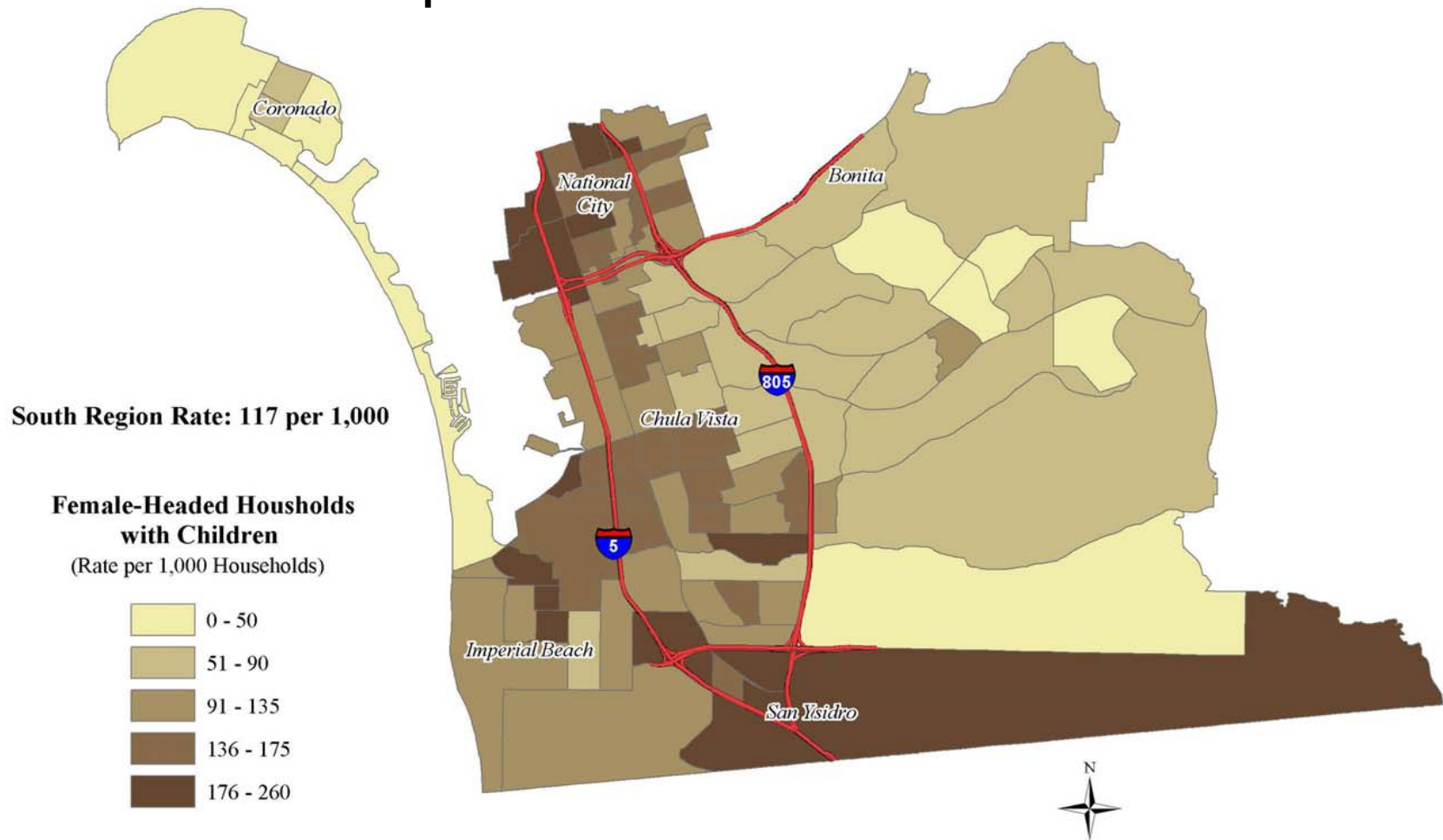
Female-Headed Households

A household includes all of the people who occupy a housing unit. A housing unit is a house, an apartment, a mobile home, a group of rooms, or a single room occupied as separate living quarters. The occupants may be a single family, one person living alone, two or more families living together, or any other group of related or unrelated people who share living quarters. A family, on the other hand, includes a householder and one or more other people who are living in the same household who are related to the householder by birth, marriage, or adoption.

A female-headed household may describe a woman living alone or a family in which a female is maintaining the household with no husband present.

In South Region, the rate of female-headed households ranges from about 0 to 352 out of every 1,000 households (0-35.2%).

Map 6: Female-Headed Households



Source: U.S. Census Bureau, Census 2000



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0 1.25 2.5 5 Miles

Household Income

Household income includes the income of the householder and all other individuals 15 years old and over in the household, whether they are related to the householder or not. The median value for household income divides the income distribution into two equal parts: one-half of the households in a given area falling below the median income, and one-half above the median. Income can include one or more of the following: wage or salary income; net self-employment income; interest, dividends or net rental or royalty income or income from estates and trusts; social security or railroad retirement income; Supplemental Security Income (SSI); public assistance or welfare payments; retirement, survivor or disability pensions; and all other income. The median household income for San Diego County is \$47,268 (income data reported in 2000 Census is based on 1999 income).

Tracts in the highest category are split between Coronado and the areas east of Interstate 805. Lower income areas are found in National City and San Ysidro, and to a lesser extent in western Chula Vista.

Map 7: Median Household Income



Source: SANDAG, Census 2000



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COMMUNITY HEALTH ATLAS



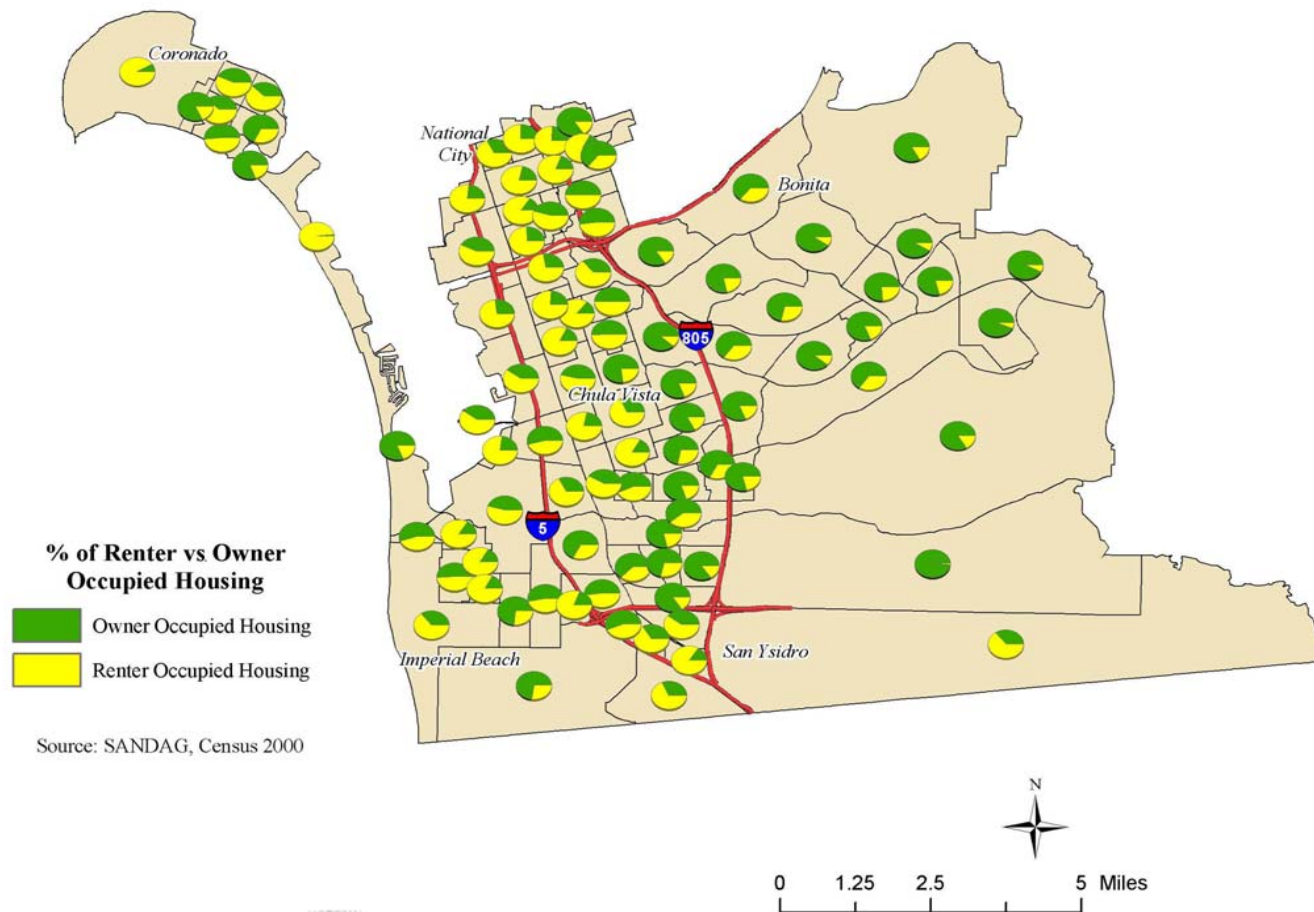
0 1.25 2.5 5 Miles

Renter vs. Owner Occupancy

A housing unit is owner occupied if the owner or co-owner lives in the unit even if it is mortgaged or not fully paid for. All occupied housing units that are not owner occupied and are rented for cash rent or occupied without payment of cash rent, are classified as renter occupied. Housing units on military bases are also classified in the “no cash rent” category.

Map 8 provides information about the ratio of renter- to owner-occupied units in each census tract. Owner occupancy tends to be the norm to the east of Interstate 805, in the Otay Mesa area north of San Ysidro, and in other pockets scattered throughout the region.

Map 8: Renter vs. Owner Occupied Housing Units



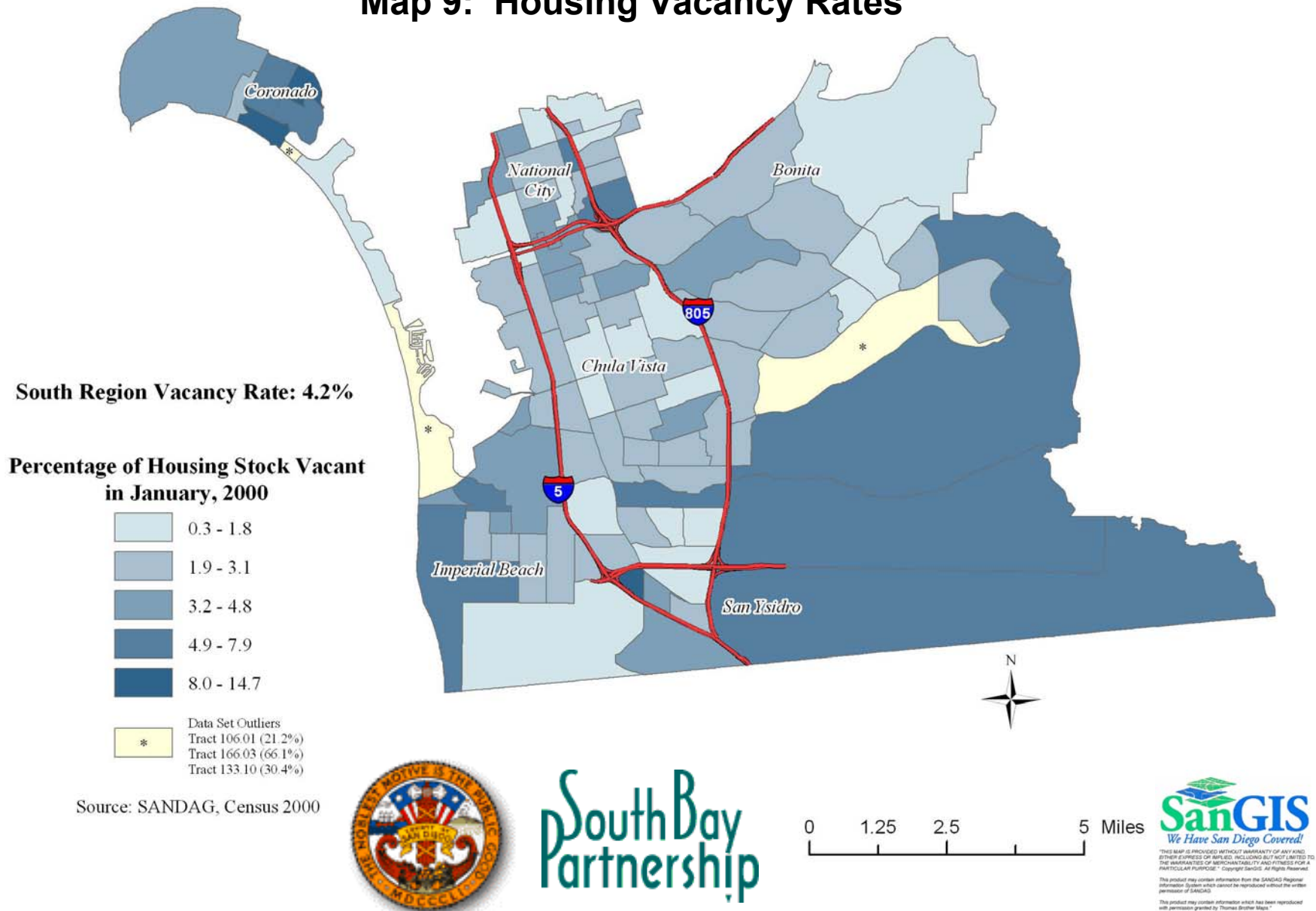
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Housing Vacancy Rate

A housing unit is a home, an apartment, a mobile home, a group of rooms, or a single room occupied as separate living quarters. Vacancy status and other characteristics of vacant units are gathered by obtaining information from landlords, owners, neighbors, rental agents, and others. Vacancy is determined if no one is living in the unit *at the time of Census enumeration (i.e., data collection)*, unless the occupants are only temporarily absent. Partially constructed housing units and those already condemned or identified for demolition are not counted in the housing stock of the area and therefore do not affect vacancy rates.

Housing vacancy rates have been the focus of much attention in San Diego as housing has become more difficult to find and housing costs have skyrocketed. According to the 2000 Census, 80% of the census tracts in South Region had housing vacancy rates below 3%.

Map 9: Housing Vacancy Rates

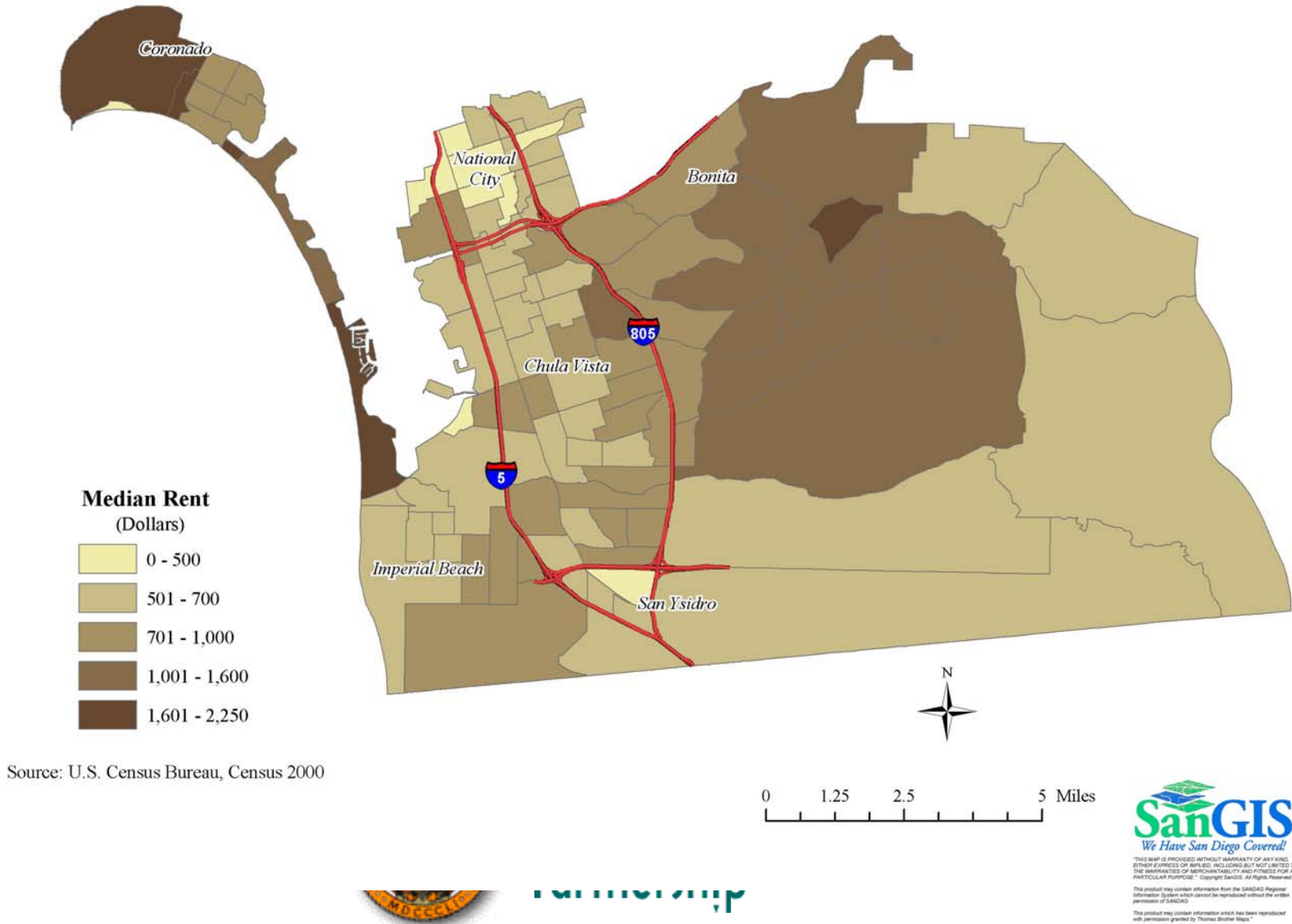


Contract Rent

Contract rent, also referred to as “rent asked” for vacant units, is the monthly rent agreed to or contracted for, regardless of any furnishings, utilities, fees, meals, or services that may be included. Therefore, a variety of charges may be included in the contract rent figure. For vacant units, it is the monthly rent asked for the rental unit at the time of interview.

Map 10 divides the rental housing units of each South Region census tract into four value categories. The pie chart in each census tract reflects the proportion of rental housing in each of the four categories.

Map 10: Median Contract Rent

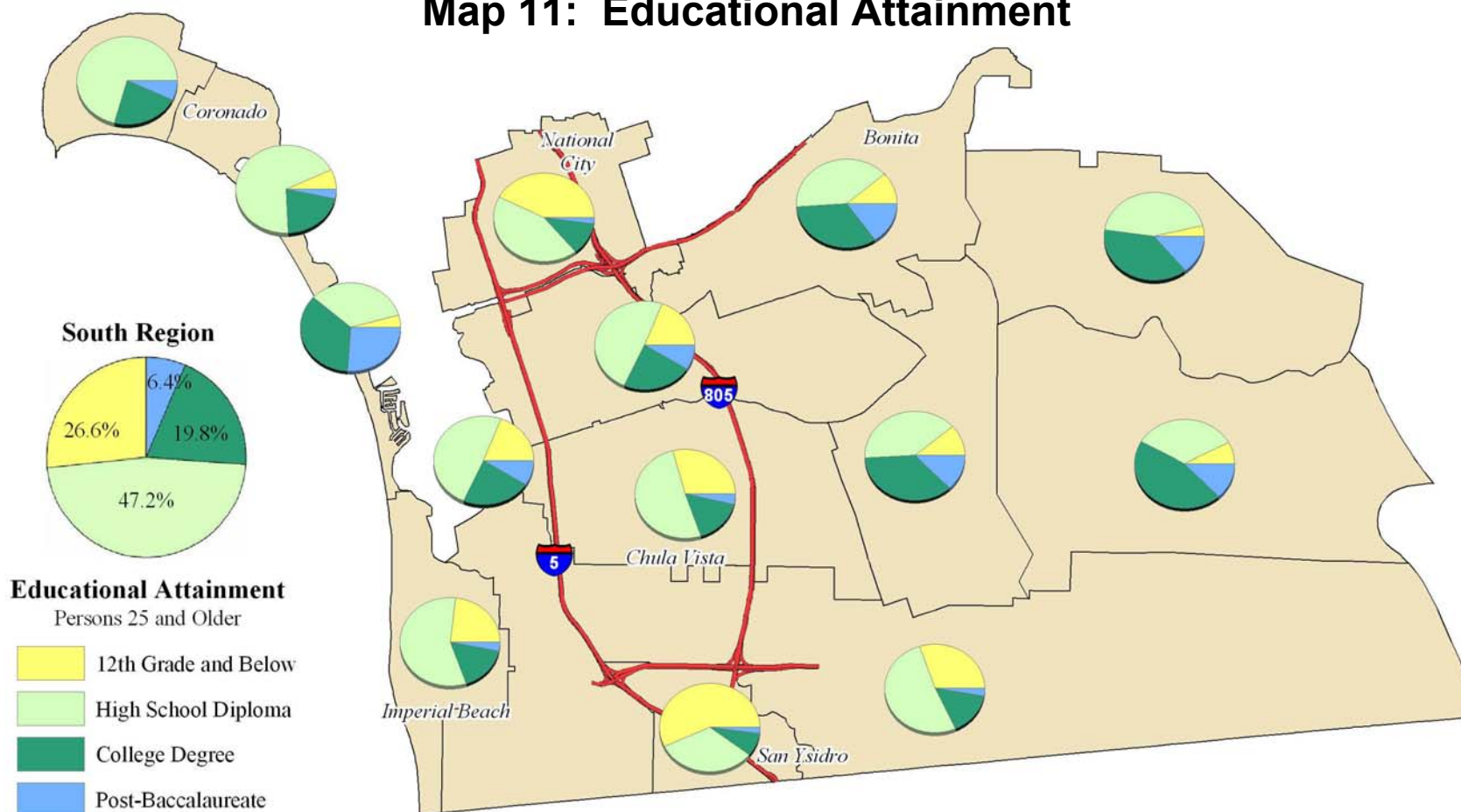


Educational Attainment

Educational attainment refers to the highest level of education completed in terms of the highest degree or the highest level of schooling completed. Data on educational attainment is generally calculated for the population 25 years old and over. The categories used on Map 11 are somewhat simplified from those used in the Census questionnaire.

Areas of relatively low educational attainment exist in San Ysidro and National City, where there are clusters of census tracts in which between a quarter and a half of adults over 25 years of age do not have a high school diploma. Areas of relatively high educational attainment exist in Coronado, Bonita, and northeast Chula Vista, where between a third and a half of all adults over 25 years of age possess a bachelor's degree or higher level of education.

Map 11: Educational Attainment



Source: SANDAG, Census 2000



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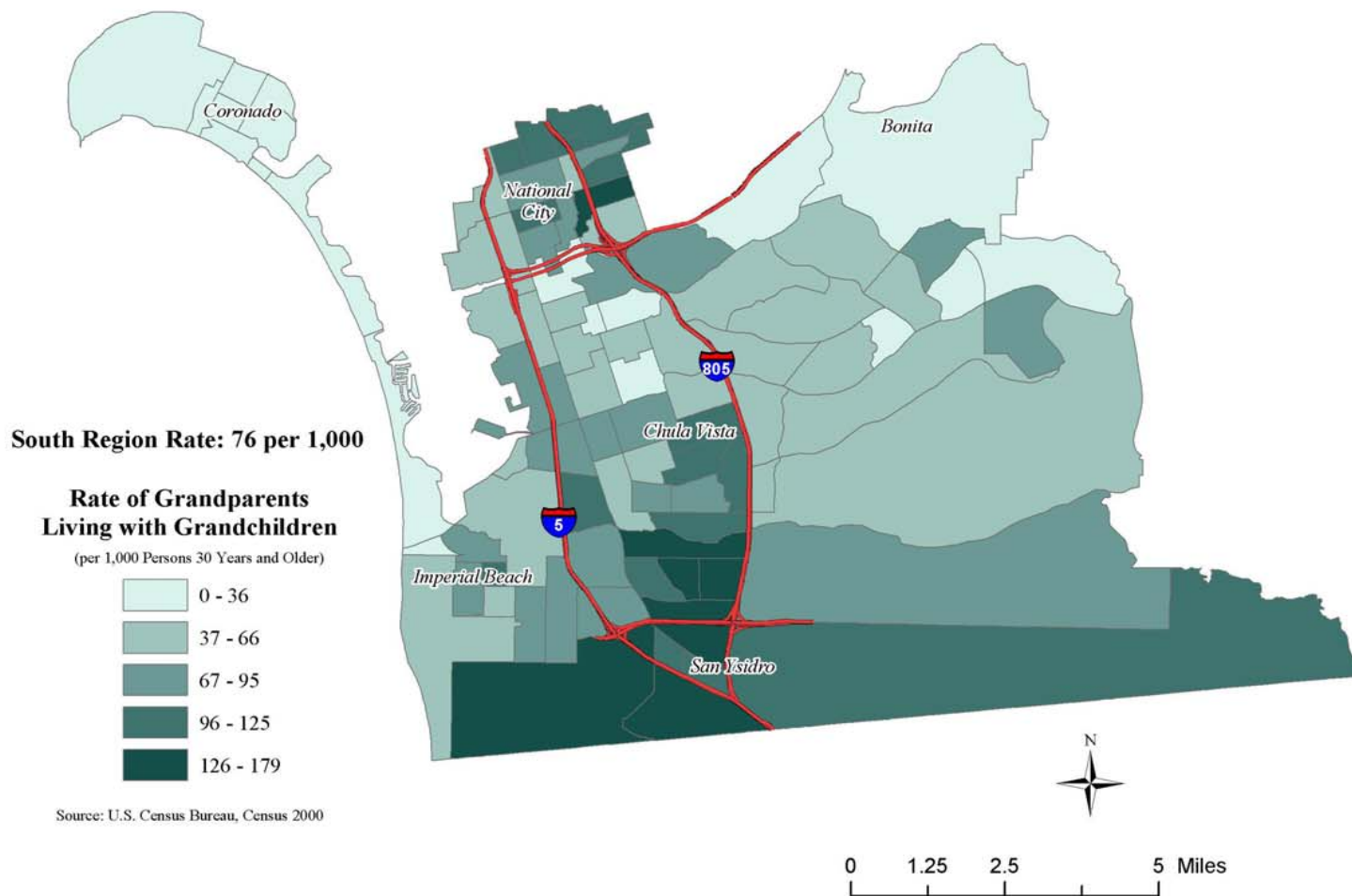
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Relatives as Caregivers

Families are diverse in both their composition and size. In some families, a non-parental adult (relative) cares for dependent children. The most common family member to provide such care is a grandparent. A grandparent is defined as a caregiver when they assume full care of their grandchildren on a temporary or permanent live-in basis. Their own grandchild must live in the household, and the grandparent must be financially responsible for any or all of the grandchildren's basic needs including food, shelter, clothing, day care, etc. Because of the very low number of individuals under 30 years old who are grandparents, the data represents individuals 30 years old and over.

Map 12 provides information about family households in which grandparents are present, both as caretakers and as non-caretakers. Maps 12A and 12B allow you to compare the number of grandparents present in households either as caretakers or as members of an extended family in which they do not provide care for children. Cultural norms for multi-generational living and income levels are two factors likely to be affecting the distribution and status of grandparents in the South Region.

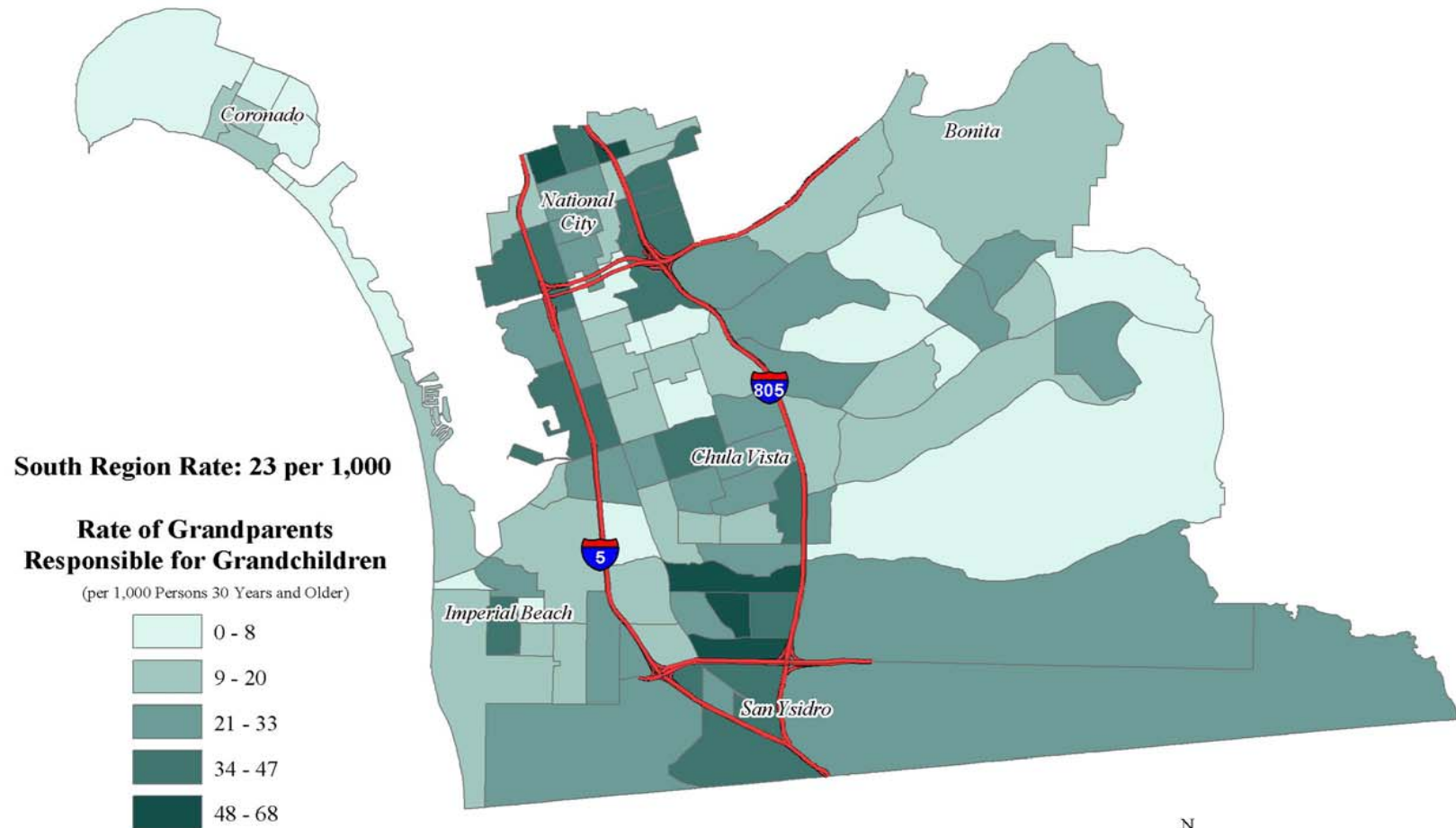
Map 12A: Grandparents Living with Grandchildren



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Map 12B: Grandparents Responsible for Grandchildren



Source: U.S. Census Bureau, Census 2000



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0 1.25 2.5 5 Miles

SECTION C

COMMUNITY HEALTH STATUS INDICATORS

This section of the atlas compiles information on community health. First, data is presented in relation to the leading health indicators established by the federal government in its Healthy People 2010 report. After that, additional statistics provide information about the distribution of reportable diseases and conditions and other important public health issues not reflected in the 10 leading indicators. Much of the information for this section of the atlas was prepared by staff of the Division of Community Epidemiology, County HHSA. There are also several maps that have been produced by GIS analysts that work within the HHSA regions involved in PPH.

Healthy People 2010: A national agenda for prevention and public health[†]

What Is Healthy People 2010?

Healthy People 2010 is a set of health objectives for the U.S. to achieve over the first decade of the new century. These objectives can be used by many different people, states, communities, professional organizations, and others to help develop programs to improve health.

Healthy People 2010 builds on initiatives pursued over the past two decades. The 1979 Surgeon General's Report, *Healthy People*, and *Healthy People 2000: National Health Promotion and Disease Prevention Objectives* both established national health objectives and served as the basis for the development of state and community plans. Like its predecessors, Healthy People 2010 was developed through a broad consultation process, built on the best scientific knowledge, and designed to measure programs over time.

What Are Its Goals?

Healthy People 2010 is designed to achieve two overarching goals:

- **Goal 1: Increase Quality and Years of Healthy Life**

The first goal of Healthy People 2010 is to help individuals of all ages increase life expectancy *and* improve their quality of life.

- **Goal 2: Eliminate Health Disparities**

The second goal of Healthy People 2010 is to eliminate health disparities among different segments of the population.

What Are the Leading Health Indicators (LHI)?

The Leading Health Indicators will be used to measure the health of the U.S. over the next 10 years. Each of the 10 LHI's has one or more objectives from Healthy People 2010 associated with it. As a group, the LHI's reflect the major health concerns in the U.S. at the beginning of the 21st century. The LHI's were selected on the basis of their ability to motivate action, the availability of data to measure progress, and their importance as public health issues.

The LHI's are—

- | | |
|--------------------------------|---------------------------|
| 1. Physical Activity | 6. Mental Health |
| 2. Overweight and Obesity | 7. Injury and Violence |
| 3. Tobacco Use | 8. Environmental Quality |
| 4. Substance Abuse | 9. Immunization |
| 5. Responsible Sexual Behavior | 10. Access to Health Care |

[†] Information about Healthy People 2010 is excerpted directly from the U.S. Department of Health and Human Services web site, <http://www.healthypeople.gov>.

About the Data Included in the Community Health Atlas

Indicators

The information presented in this section of the Community Health Atlas is organized around the LHI's put forth in Healthy People 2010. Whenever possible, information presented is consistent with the standards for measurement of the LHI's, but when such data are not available, the most relevant available datasets have been substituted.

Scale

The aim of this atlas is to compile data that is relevant to local populations and their health concerns. Unfortunately, public health data is not always collected in such a way as to allow us to examine issues at a local scale. Health data is not available at the census tract level that was used in the previous maps of community characteristics, for example. Sometimes, the data is mappable by zip code area, but more often the data is only available for the entire county or state, and therefore mapping adds nothing to the presentation of the data. For that reason, much of the data related to the LHI's is presented in tabular (table) form. What may be helpful in some instances are statistical breakdowns by age group or ethnicity. These may help you to understand the possible significance of a particular issue to a local area for which population characteristics are known.

The tables containing data may include significant numbers of cells without data. The tables are organized in this way to help the reader to know what data is and is not available. Values less than 5 are typically not reported, so this will account for empty cells in many tables. A cell with an "NA" in it confirms for the reader that an item is not currently available for that year or category. Each page indicates source or sources for all tables and charts on the page.

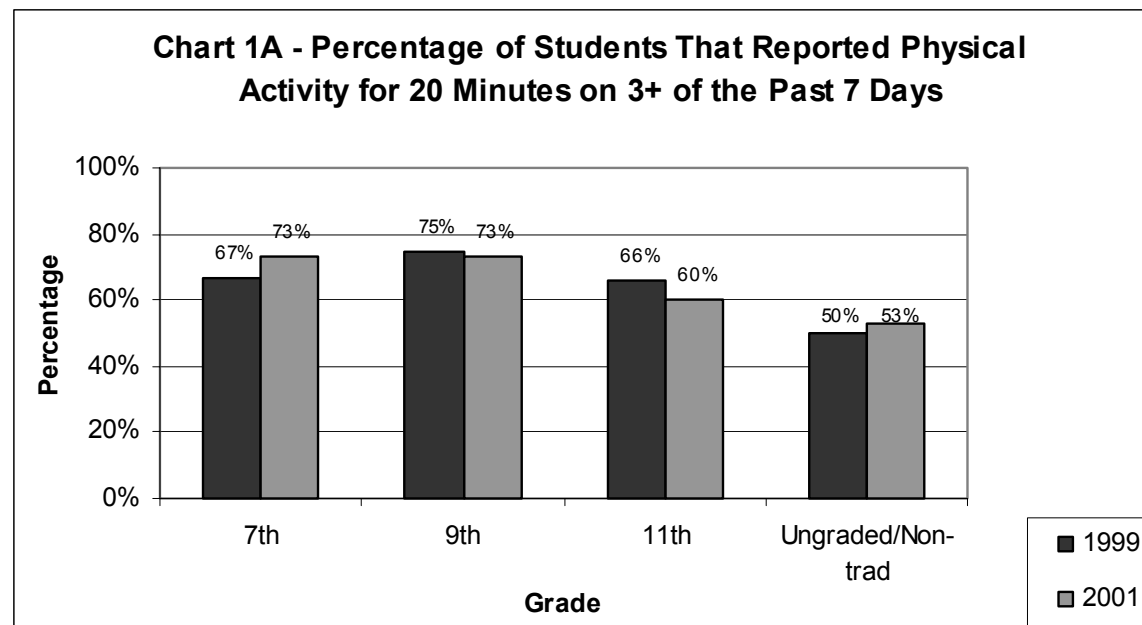
Leading Health Indicator #1: Physical Activity

Table 1A. Percentage of Students Who Exercised or Participated in Physical Activities for at Least 20 Minutes that Made Them Sweat and Breathe Hard on 3 or More of the Past 7 Days.

Sweetwater Union High School District

	7 th grade	9 th grade	11 th grade	Ungraded/ Non-Trad
1999	67%	75%	66%	50%
2001	73%	73%	60%	53%

Sources: California Healthy Kids Survey (CHKS), Sweetwater Union High School District, 1999 and 2001



Leading Health Indicator #2: Overweight and Obesity

Table 2A. Percentage of Adults Who are Obese (by BMI*).

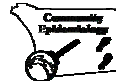
	C a l i f o r n i a												Nationwide Median	
	1991		1993		1995		1997		1999		2000			2000
	%	95% CI**	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI		
Total	10.5	(9.3 - 11.7)	13.2	(11.8 - 14.6)	15.1	(13.1 - 17.1)	16	(14.6 - 17.4)	18.7	(17.3 - 20.0)	19.9	(18.3 - 21.4)	20.1	
Gender														
Male	9.9	(8.1 - 11.7)	13.1	(10.9 - 15.3)	16	(12.7 - 19.3)	16.2	(14.0 - 18.4)	17.8	(15.8 - 19.7)	20.6	(18.0 - 23.1)	20.6	
Female	11	(9.2 - 12.8)	13.2	(11.6 - 14.8)	14.2	(12.2 - 16.2)	15.7	(13.9 - 17.5)	19.7	(17.7 - 21.6)	19.3	(17.3 - 21.2)	19.8	
Age														
18-34	7	(5.4 - 8.6)	10.4	(8.1 - 12.8)	13	(10.4 - 15.6)	14.3	(11.9 - 16.6)	13.2	(11.0 - 15.3)	16.2	(13.8 - 18.5)	15.8	
35-49	14.1	(11.4 - 16.8)	14.5	(12.2 - 16.9)	15.4	(12.5 - 18.3)	18.4	(16.1 - 20.8)	22.5	(19.9 - 25.0)	22.8	(19.6 - 25.9)	22	
50-64	15.8	(12.3 - 19.3)	17.2	(13.9 - 20.5)	21.4	(14.2 - 28.6)	19.7	(16.6 - 22.8)	21.7	(18.3 - 25.0)	22.8	(19.2 - 26.3)	26.7	
65+	7.3	(5.0 - 9.7)	13.5	(10.6 - 16.4)	12.8	(9.7 - 15.9)	10.2	(7.8 - 12.6)	19.2	(15.6 - 22.7)	18.1	(14.3 - 21.8)	18.2	

* The measure of obesity is based body mass index (BMI) which is calculated from the reported height and weight of the individual.

** Confidence Interval

Source: Behavioral Risk Factor Surveillance System (BRFSS), www.cdc.gov/nccphp/brfss

Table prepared by: Community Epidemiology, Updated 11/18/2002



- 1) Percentage of adults reporting obesity has increased across all years.
- 2) No gender differences are apparent.
- 3) Percent reporting obesity tends to increase with age until 64 years, then decrease in the 65+ age group.

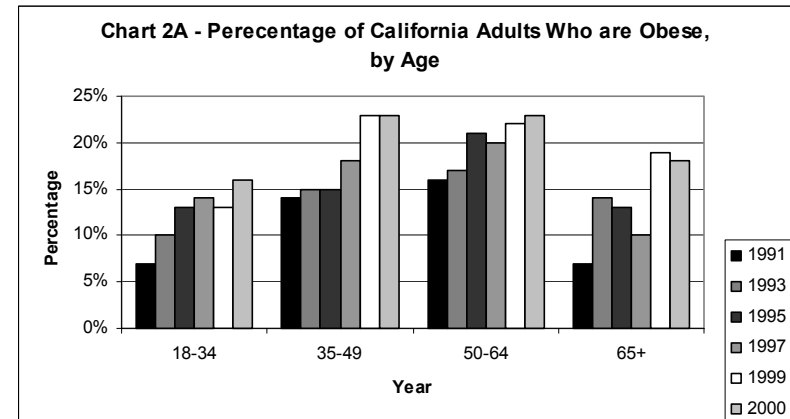


Table 2B. Percent of Children Ages 6 to 19 Identified in CHDP Exams to be Over the 95th Percentile for Weight-to-Height in the “Growth Charts”.

	1995	1996	1997	1998	1999
San Diego County*	11.6%	11.5%	11.6%	12.2%	13.2%
California*	13.3%	13.1%	13.4%	14.1%	14.4%
U.S.*	10.0%	10.2%	10.4%	10.7%	11.0%
Age Group					
5-9 years	14.2%	15.0%	15.4%	16.8%	18.4%
10-12 years	17.9%	18.2%	20.6%	21.2%	24.6%
13-17 years	NA	NA	NA	NA	NA

Footnotes: Percentages are not calculated for cells with numbers less than 100. Data are from a variety of programs for low income children.

Source: California Department of Health Services, Children's Medical Services Branch

Table prepared by: Community Epidemiology, Updated 8/16/2002



- 1) The overall trend for San Diego County is in accordance with the California and U.S. trends; the percentage of individuals over the 95th percentile for height-to-weight ratio has increased from 1997 through 1999.
- 2) Concerning age groups, 10-12-year-olds have higher rates than 5-9-year-olds across all years of interest, however rates for both age groups have increased steadily across all years of interest.

